8/21/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company Trakka Tech USA LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



	TION 605/0902, FLORIDA STATUTES, THE FO	HEOWING IS SUBMITTED TO REGIS	TER A FOREIGN LIMITED IJABI			
<i>(MPANYTOTRAN</i> SAC <i>T BU</i> Trakka Tech USA LLC	SINESS INTHE STATE OF FLORIDA:					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "L.C."	<u>, </u>			
name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited	Liability Company," "E.L.C," or "LL.C,")			
Delaware	Delaware		83-1779654			
(furrediction under the law of which foreign limited liability company is organized)		3. (f.l.f number, if applicable)				
	(Date first transacted business in Florida, if prior to	epstration)				
	(See sections 605,0001 & 605,0005, F.S. to determi	ne penalty liability)				
4752 Lena Road		6. (Mailing Address)				
rect Address of Principal Office)						
Bradenton, FL 34211		Bradenton, FL 34211				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
	CT Corporation System		William No.			
Name:	Ст Сограния зумен					
Name: Office Address:	1200 South Pine Island Road		IZI ASA			
	1200 South Pine Island Road Plantation	. Florida	100 mm line 1 mm			
	1200 South Pine Island Road)			
Office Address: egistered agent's acceptaining been named as re-	Plantation (City)	Florida Florida (Z:p code process for the above stated limite process registered agent and agree to a	ed liability company at the pla			

(Reflicted Jean's signature) Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Edwin Daniels	≅ Manager	Name: Peter Rudaizky
∐Member	Address: 4752 Lena Road	.[]Member	Address: 4752 Léna Road
□Authorized	Bradenton, FL 34211	□Authorized	Bradenton, FL 34211
Person		Person	
[]Other	□Other	[]Other	[]Other
□Manager	Dagmar Yeaman Name:	□Manager	Name:
[]Member	Address: 4752 Lena Road	□Member	Address:
⊠ Authorized	Bradenton, FL 34211	∐ Authorized	
Person		Person	
[]Other	□Other	£_Other	
LlManager	Name:		Name:
□Member	Address:	□Member	Address:
□Authorized	Name of the Control o	□Authorized	
Person		Person	
□Other	□Other	L]Other	[]Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

SM MA				
	Signature of an authorized person			
Peter Neulis				
	Typed or printed name of signee			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRAKKA TECH USA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203512514

Date: 08-21-20